



P.O. Box 115 • 5253 Main Street • East Petersburg, PA 17520

(717) 569-0812 • www.SClydeWeaver.com

Application for Employment

PERSONAL INFORMATION

Name (Last, First, Middle)			
Present Address	City	State	Zip Code
Permanent Address (if different)	City	State	Zip Code
Municipality	School District		
Email	Cell Number	Phone Number	
Department or Position Desired	Start Date Desired	Wage Desired	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal	How did you learn about S. Clyde Weaver or this position?		
Have you previously applied to S. Clyde Weaver? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what position?		

AVAILABILITY

Total hours available per week: _____	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From					
	To					
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.					
Are you or will you be involved in any activities that may conflict with working a full range of retail days and hours, including Saturdays?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.						

EMPLOYMENT HISTORY: Begin with the most recent employer. Attach additional sheet or resume to show all employment for the last five years.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Employer		Phone No.		Email
Address		Starting Wage	Ending Wage	Job Title
Employed from month/year	Employed to month/year	Reason for seeking new employment		
Name and title of supervisor				
Employer		Phone No.		Email
Address		Starting Wage	Ending Wage	Job Title
Employed from month/year	Employed to month/year	Reason for seeking new employment		
Name and title of supervisor				

REFERENCES:

List three professional references who are familiar with the quality of your work and have known you at least 2 years.

Name	Address	
Phone No.	Email	Years known
Name	Address	
Phone No.	Email	Years known
Name	Address	
Phone No.	Email	Years known
Do you have any relatives or personal friends working for S. Clyde Weaver? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	Relationship:

EDUCATION HISTORY

High School	City, State	# of years completed	Graduated?
Vo-tech, business or trade school	City, State	# of years completed	Graduated?
Degree:	Major:	Minor:	
College/University	City, State	# of years completed	Graduated?
Degree:	Major:	Minor:	
Summarize special skills, training or certifications that may qualify you to work at S. Clyde Weaver.			

ELIGIBILITY

If employed, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a summary offense? (A conviction will not automatically bar your employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	

RELEASE

I certify to the best of my awareness, the information in this application is accurately represented. It is understood that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination of employment. Furthermore, I understand that just as I am free to resign at any time, S. Clyde Weaver reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

S. Clyde Weaver may contact all references, previous employers and any other person or organization who may have relevant information about my qualifications for employment with S. Clyde Weaver. I release S. Clyde Weaver and persons giving references for me from liability for requesting, obtaining, and providing the information. I understand that any offer of employment is contingent upon successfully passing a drug screen, criminal background check, motor vehicle record check and /or credit background check.

Signature of Applicant _____
Date